

## APPENDIX E

### ABBREVIATIONS AND ACRONYMS

Acronym	Definition
ADF	Automatic Direction Finder
AOPA	Aircraft Owners and Pilots Association
AOR	Area Of Responsibility
ATC	Air Traffic Control
ATIS	Automated Terminal Information System
ATON	Aid TO Navigation
C	Creeping Line
CO	Commanding Officer
CRM	Crew Resources Management
CSP	Commence Search Point
DME	Distance Measuring Equipment
DSO-AV	District Staff Officer – Aviation
ELT	Emergency Locator Transmitter
EPIRB	Emergency Position Indicator Beacon
FAA	Federal Aviation Administration
FAR	Federal Aviation Regulation
FBO	Fixed Base Operator
FSS	Flight Service Station
GPS	Global Positioning System
IFR	Instrument Flight Rules
LORAN	Long Range Navigation
MEP	Marine Environmental Patrol
MSD	Marine Safety Detachments
MSO	Marine Safety Office
OSC	On Scene Commander
P	Parallel
PFD	Personal Flotation Device
PIC	Pilot In Command
POD	Probability Of Detection
PPR	Prior Permission
RRC	Rescue Coordination Center
S	Square
SAR	Search And Rescue
SITREP	Situation Report
SMC	SAR Mission Coordinator
SP	Search Patterns
SRR	Search and Rescue Region
SRU	Search and Rescue Unit

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<b>Acronyms</b>	<b>Definition</b>
T	Track Line
TS	Track Spacing
V	Sector
VDS	Visual Distress Signal
VFR	Visual Flight Rules
VOR	Very high frequency Omnidirectional Range
VTs	Vessel Traffic Service
W	Sweep Width

## APPENDIX F

Department of Transportation  
U. S. Coast Guard  
ANSC #7048 (11-99)

### AUXILIARY AVIATION SAR PROCEDURES CHECK

Name of Pilot: \_\_\_\_\_ Auxiliary Number: \_\_\_\_\_

#### Section I, Knowledge:

- A. SAR PATTERNS. Ask the pilot being checked to describe the following patterns and when each should be used: Track Line (TSR), Parallel track (PS), Creeping Line (CS), Sector (VS).

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

- B. SURFACE/AIR SIGNALS. Have the pilot demonstrate the body signals for AFFIRMATIVE, NEGATIVE, ALL O.K. DO NOT WAIT, OUR RECEIVER IS OPERATING, USE DROP MESSAGE, NEED MECHANICAL HELP and NEED MEDICAL HELP.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

- C. PREFLIGHT. Evaluate the pilot's method and thoroughness in obtaining weather information, laying out a search based on the information you provide for a simulated distress, fuel planning and the preparation and filing of the flight plan. The pilot should note any hazards in the enroute or search area such as towers, high terrain or power lines. The pilot should explain exactly what he or she expects you to do as a member of the flight crew. Discuss altitude and airspeed minimums as applies to the mission being flown. This should include a discussion of altitude separation and airspace restrictions when involved in a multi-aircraft search. Discuss the authority of the On-scene Commander and the importance of maintaining communications with him or her and complying with all instructions given. Discuss the communications schedule with the flight following unit and procedures to be followed in the event communications are lost.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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- D. **EMERGENCY PROCEDURES.** Evaluate how thoroughly the pilot explains to you the emergency and egress procedures for the aircraft to be used for the check and use of the flotation and survival equipment on board. This should include an inspection of the required survival equipment to insure that it meets the minimum requirements and has been inspected or repacked in accordance with the manufacturer's instructions.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### Section II, Practical:

- A. **WIND DIRECTION/VELOCITY.** Estimate the surface wind velocity and direction by observing the wave action.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

- B. **SEARCH PATTERN TECHNIQUE.** Evaluate the pilot's ability to fly several legs of a search pattern. This may be done by Dead Reckoning or using LORAN or GPS. Assign a new pattern in flight and evaluate the pilot's ability to locate the datum and navigate a leg or two. Evaluate the pilot's ability to navigate and to maintain heading and altitude while searching. Note whether a lookout is maintained for other traffic.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

- C. **ORBITING A TARGET.** Have the pilot complete two turns around a vessel or other target on the surface. Evaluate his or her ability to maintain altitude, distance from the target and, most importantly, maintain coordinated flight.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

- D. **COMMUNICATIONS.** Evaluate the pilot's procedure in communicating with ATC facilities and with Coast Guard units.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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- E. NAVIGATION. Evaluate the pilot's ability to navigate using surface features described on Sectional and marine charts.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

- F. VESSEL IDENTIFICATION. Have the pilot identify the types of vessels indigenous to the area of operation (Types of tugs barges, ships, pleasure craft, commercial vessels etc.).

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

- G. EMERGENCY PROCEDURES. Have the pilot simulate an emergency and evaluate his reaction (His ability to locate a suitable landing area, perform the emergency procedures in accordance with the AFM, transmit a distress message, etc.).

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### **Section III, Post Flight:**

1. Discuss the flight and make suggestions, if appropriate, on how to improve the pilot's performance.
2. Discuss the importance of how the pilot, crew and aircraft look. Remind him or her that they represent the Coast Guard when on ordered missions. The aircraft should be clean and the aircrew should be in clean flight suits or uniforms.

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### Section IV, General Notes:

1. If in your evaluation the pilot does not meet the criteria in any area, he or she should seek additional training and be retested in that area only.
2. One of the most important aspects of this check is your evaluation of the pilot's judgement. Bottom line - is he or she a safe, prudent and professional pilot.
3. This sheet may be given to the pilot to be tested in advance of the flight so that the pilot will know exactly what is expected.
4. Note and sign in the pilot's log book the successful completion of this SAR PROCEDURES CHECK.

SAR PROCEDURES CHECK SUCCESSFULLY COMPLETED.

Name of pilot performing final check: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX G

UNITED STATES COAST GUARD

AUXILIARY

AIR CREW PROGRAM

MEDICAL SCREENING  
FORM

Name:\_\_\_\_\_ Auxiliary Number:\_\_\_\_\_

**AFTER COMPLETION OF THE PHYSICAL EXAM, PLEASE FORWARD THE  
COMPLETED MEDICAL EXAMINATION PACKAGE TO DIRAUX**

# APPENDIX G

Date \_\_\_\_\_

## **Coast Guard Auxiliary Aircrew Medical Examination**

Applicant \_\_\_\_\_ DOB \_\_\_\_\_

Note to the physician. Please examine the member in each category below and place an "X" in the appropriate block. Explain any "No" answers on the reverse under **Comments**. Sign the form attesting to your findings and return the completed form to the examinee.

	Yes	No															
<b>Distant Vision</b> – 20/40 or better in each eye with or without correction	<input type="checkbox"/>	<input type="checkbox"/>															
<b>Near Vision</b> – 20/40 or better in each eye at 16 inches	<input type="checkbox"/>	<input type="checkbox"/>															
<b>Color Vision</b> – Able to discern the colors Red, Green, & Yellow	<input type="checkbox"/>	<input type="checkbox"/>															
<b>Hearing</b> – Hearing average conversational voice in quiet room, using both ears at 6 feet, with the back turned to the examiner <u>or</u> pass the audiometric test below.	<input type="checkbox"/>	<input type="checkbox"/>															
<b>Audiometry</b> – Pure tone audiometric test: Unaided, no worse than:	<input type="checkbox"/>	<input type="checkbox"/>															
<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>500 Hz</u></td> <td style="text-align: center;"><u>1,000 Hz</u></td> <td style="text-align: center;"><u>2,000 Hz</u></td> <td style="text-align: center;"><u>3,000 Hz</u></td> </tr> <tr> <td>Better Ear</td> <td style="text-align: center;">35 Db</td> <td style="text-align: center;">30 Db</td> <td style="text-align: center;">30 Db</td> <td style="text-align: center;">40 Db</td> </tr> <tr> <td>Worst Ear</td> <td style="text-align: center;">35 Db</td> <td style="text-align: center;">50 Db</td> <td style="text-align: center;">50 Db</td> <td style="text-align: center;">60 Db</td> </tr> </table>		<u>500 Hz</u>	<u>1,000 Hz</u>	<u>2,000 Hz</u>	<u>3,000 Hz</u>	Better Ear	35 Db	30 Db	30 Db	40 Db	Worst Ear	35 Db	50 Db	50 Db	60 Db		
	<u>500 Hz</u>	<u>1,000 Hz</u>	<u>2,000 Hz</u>	<u>3,000 Hz</u>													
Better Ear	35 Db	30 Db	30 Db	40 Db													
Worst Ear	35 Db	50 Db	50 Db	60 Db													
<b>ENT</b> – Absence of any ear condition manifested by vertigo or a disturbance of speech, or equilibrium.	<input type="checkbox"/>	<input type="checkbox"/>															
<b>Pulse</b> – Normal.																	
<b>Blood Pressure</b> – Not over 155/95 with _____ or without _____ medication. Medication _____	<input type="checkbox"/>	<input type="checkbox"/>															
<b>Mental</b> – Absence of psychosis, bipolar disorder, or severe personality disorders.	<input type="checkbox"/>	<input type="checkbox"/>															
<b>Substance Dependence and Substance Abuse</b> – Absence of a diagnosis of substance dependence or established evidence of recovery, including total abstinence from the substance(s) for not less than the preceding 2 years. ("Substance" includes alcohol, PCP, sedatives, hypnotics, anxiolytics, marijuana, cocaine, opioids, amphetamines, hallucinogens, and other psychoactive drugs or chemicals.)	<input type="checkbox"/>	<input type="checkbox"/>															



## APPENDIX G

**Disqualifying Conditions** – Absence of a history or diagnosis of:

**Yes**

**No**

- (1) **Diabetes mellitus** requiring medication;
- (2) **Angina pectoris**;
- (3) **Coronary heart disease** that has been treated or, that has been symptomatic or clinically significant;
- (4) **Myocardial infarction**;
- (5) **Cardiac Valve replacement**;
- (6) **Permanent cardiac pacemaker**;
- (7) **Heart replacement**;
- (8) **Epilepsy**;
- (9) **Disturbance of consciousness**  
without satisfactory explanation of cause; and
- (10) **Transient loss of control of nervous system function(s)** without satisfactory explanation of cause.

**Comments (Explain any “Yes” answers):**

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**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

APPENDIX H

**COAST GUARD AUXILIARY  
AIR CREW APPLICATION FORM**

*(To be completed by applicant)*

Name\_\_\_\_\_ Member Number\_\_\_\_\_

Flotilla\_\_\_\_\_

**ADDRESS:**

Street\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone\_\_\_\_\_

Work Phone\_\_\_\_\_

Coast Guard Auxiliary Observer Qualified (Circle One): Yes No

Prior Aviation Experience (Circle One): Yes No (If Yes, Please Describe):

Availability – List availability for flights on week days, week ends, and holidays:

*(To be completed by DIRAUX)*

Evaluate application with criteria listed in paragraph 5. a. (1) through (4) of  
COMDTINST 16798.2:

Application Disposition:

***(CIRCLE YES OR NO)***

Accepted: YES NO Wait Listed: YES NO

If “NO” or Wait Listed, explain:

## APPENDIX I

U.S. Department  
of Transportation  
  
United States  
Coast Guard



Commander  
United States Coast Guard  
Any Coast Guard District

1234 Easy Street  
Anywhere, USA 12345  
Staff Symbol: X-XXX  
Phone: (555) 555-5555  
FAX: (555) 555-5555

16798  
31 December 1999

From: Any Diraux  
To: Air Crew Designee

Subj: CERTIFICATION AS AIR CREW

Ref: (a) Auxiliary Air Crew Qualification Program, COMDTINST 16798.2  
(b) Coast Guard Auxiliary Operations Policy Manual, COMDTINST 16798.3D

1. Having completed all the requirements in accordance with reference (a), you are certified to perform the duties of Air Crew onboard operational Coast Guard Auxiliary aviation facilities. You are hereby entitled to wear the Coast Guard Auxiliary Air Crew device.
2. You are required to pass a medical screening every 24 months or every 36 months if under 40 years of age. If during the interim you are unable to physically or mentally perform air crew duties for any reason, whether temporarily or permanently, you must notify me of the facts and circumstances, so I can make a determination as to whether your qualification will remain in effect.
3. You are responsible for completing your annual currency maintenance requirements listed in reference (a) and chapter 8 paragraph D.1. a. and b. of reference (b). If you augment an active duty Coast Guard aircrew you are subject to any additional currency requirements deemed necessary by the air station.
4. Congratulations on qualifying as Coast Guard Auxiliary Air Crew.

DIRECTOR OF AUXILIARY

Copy: DSO-AV  
ADSO-AVT